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| --- |
| **No Claims/Material Changes Declaration** |
|  |
| **To Be Completed by Insured** |
|  |
| Risk Number (if applicable) |       |
|  |  |
| Coverage Applicable |       |
|  |
| I/We declare that after enquiry, the information given in the proposal form/declaration dated (mm/dd/yyyy)  |
|      /     /      | has not materially altered and that there have been no known or reported losses  |
| or circumstance which might give rise to a claim. |
|  |
|  |
|  |
|  |  |
|  | Applicant |       | Title/Position |  |
|  |  |
|  | Applicant Signature |       | Date |       |
|  |  |
|  | Agent/Broker Name  |       |
|  |  |  |
| **Note** | If circumstances have changed, please contact your underwriter with complete details.  |